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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 4531.002

First Named Inventor John Troy Walker

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD, APPARATUS AND SYSTEM FOR AUTHENTICATING FINGERPRINTS,
AND COMMUNICATING AND PROCESSING COMMANDS AND INFORMATION
BASED ON THE FINGERPRINT AUTHENTICATION

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

John Troy

Family Name

or Surname Walker

Inventor's
Signature

Date

Residence: City

Melbourne

State

FL

Country USA

Citizenship

USA

Mailing Address

200 East Sheridan Road, Suite B

City

Melbourne

State

FL

ZIP 32901

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Dennis

Family Name

or Surname

Deurelle

Inventor's
Signature

Date

Residence: City

Melbourne

State FL

Country USA

Citizenship

USA

Mailing Address

200 East Sheridan Road, Suite B

City

Melbourne

State FL

ZIP 32901

Country USA

☒ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Gilbert		Russell	
Inventor's Signature		Date	
Residence: City Melbourne	State FL	Country USA	Citizenship USA
Mailing Address 104 S. Harbor City Blvd.			
Mailing Address			
City Melbourne	State FL	ZIP 32901	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Brian		Wetzel	
Inventor's Signature		Date	
Residence: City Melbourne	State FL	Country USA	Citizenship USA
Mailing Address 104 S. Harbor Blvd.			
Mailing Address			
City Melbourne	State FL	ZIP 32901	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Timothy		Yandell	
Inventor's Signature		Date	
Residence: City Melbourne	State FL	Country USA	Citizenship USA
Mailing Address 104 S. Harbor Blvd.			
Mailing Address			
City Melbourne	State FL	ZIP 32901	Country USA

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Attorney Docket Number

John Troy Walker

...authenticating fingerprints

4531.002

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

John Troy Walker

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name

Dennis Deurelle

Signature

Date

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SIGNATURE of Applicant or Assignee of Record

Name	Gilbert Russell
Signature	
Date	

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Name

Brian Wetzel

Signature

Date

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Name

Timothy Yandell

Signature

Date

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